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5 **IN THE SUPREME COURT**
6 **STATE OF ARIZONA**

7 PETITION TO AMEND) Supreme Court No. R-_____
8 RULE 33.1 OF THE RULES OF CIVIL)
PROCEDURE, ITS COMMENTS AND)
9 THE UNIFORM INTERROGATORIES)
FORMS)
_____)

10 Pursuant to Rule 28 of the Rules of the Arizona Supreme Court, the State
11 Bar of the Arizona petitions the Supreme Court to amend Rule 33.1, its Comments,
12 and the existing Uniform Interrogatories Forms, as set forth in the attachments.

13
14 **I. History of the Issue Leading to the Proposed Revisions of the Uniform**
15 **Interrogatories.**

16 In 1991, the Arizona Supreme Court adopted the "Zlaket" Rules. These
17 rules were implemented in 1992, and are now stated at Rule 26.1 *et seq.*, *Arizona*
18 *Rules of Civil Procedure*. The new disclosure rules were designed to promote fair
19 and open disclosure from both sides in all civil cases. *See* Court Comment to 1991
20 Amendment ("the Committee proposed a comprehensive set of rule revisions,

1 designed to make the judicial system in Arizona more efficient, more expeditious,
2 less expensive, and more accessible to the people"). The drafters envisioned that
3 both sides would affirmatively disclose information directly relevant to the issues
4 presented by the litigation, or information that would lead to the discovery of
5 admissible information, with the goal of "increasing voluntary cooperation and
6 exchange of information." *Id.* It was suggested the disclosure statement would
7 become the primary vehicle for exchange of information in litigation, greatly
8 decreasing the need for interrogatories.

9 In the 15 years since the adoption of the rules, the vision of the original
10 drafters has not come to full realization. In everyday practice, despite the
11 affirmative disclosure obligations of Rule 26.1, information that one side believes
12 to be absolutely relevant is still often withheld by opposing parties, either through
13 an honest lack of appreciation of the significance of the complaint's allegations or
14 affirmative defenses or through calculation,¹ creating the need to propound
15 interrogatories. Oftentimes, responding parties still make objections regarding the
16 relevancy of the interrogatories, or make claims that they create an undue burden,
17 or are harassing. These objections are routinely made even in response to the

18 ¹In a motor vehicle accident case, for instance, giving rise to a claim against
19 a corporation, a Plaintiff may wish to see the corporation's policies and procedures
20 pertaining to driving or deliveries, while the defense may view the case as one of
simple lack of due care by the driver.

1 uniform interrogatories appended to the end of the Arizona's Rules of Civil
2 Procedure in Forms 4 (including sets A, B, C) 5, 6, and 7.

3 Some practitioners have also noted a lack of symmetry in the Uniform
4 Interrogatories, stated in the Forms, which seem to be drafted from the perspective
5 of only one side, whether the plaintiff or defense. This is particularly true in the
6 current Personal Injury Interrogatories, Form 5. *See, e.g.,* Uniform Personal Injury
7 Interrogatories Nos. 4 and 5 ("State exactly and in detail plaintiff's version of this
8 accident occurred," and "State specifically and in detail the facts up on which
9 plaintiff's contention is based that the accident was caused by any negligent
10 conduct on the part of the defendant."). There are currently no parallel
11 interrogatories asking for the defendants' version of events.

12 To address these issues, this Petition sets forth a proposed amendment to
13 Rule 33.1(a) and (f), its Comments, and a set of revised or new uniform
14 interrogatories.

15 **II. Statement of the Issues.**

16 First, although Rule 33.1(f) states that "[e]ach interrogatory should be used
17 only where it fits the particular case," some practitioners argue that the various sets
18 of uniform interrogatories may only be used in certain types of litigation (*e.g.,* the
19 personal injury interrogatories may only be used in personal injury litigation or the
20 contract interrogatories may only be used in contract litigation). They thus object

1 to the use of uniform interrogatories in cases asserting claims different from the
2 *label* of the interrogatories, even though the information sought in the uniform
3 interrogatory is plainly relevant or may lead to the discovery of admissible
4 evidence. For instance, the uniform contract litigation interrogatories ask
5 questions that are useful to know about a corporate entity – its prior trade names,
6 its DBAs, its place of incorporation – that are not paralleled in the medical
7 malpractice or personal injury interrogatories. If the Plaintiff alleges a business or
8 systemic tort, and propounds such interrogatories, opposing counsel may object,
9 stating that the uniform contract interrogatories are not relevant and do not apply in
10 a personal injury case.

11 Second, in some cases, a party may have the need to edit the current uniform
12 interrogatories to conform them to the issues in the case. However, opposing
13 counsel may claim those edits create non-uniform interrogatories, and thus count
14 the subsections against the propounding party under the presumptive limit of 40
15 interrogatories, thereby limiting the propounding party's ability to discover
16 important information. For instance, in a tort claim against a nursing home, the
17 Plaintiff made edits to the uniform interrogatories in Form 4, Set B, entitled
18 "Plaintiff to Defendant Institutional Health Care Provider," such as changing the
19 term "hospital" in various interrogatories to say "nursing home." The defense then
20 claimed each of the interrogatories became non-uniform interrogatories even

1 though the form interrogatories are labeled “Plaintiff to Defendant Institutional
2 Health Care Provider,” an apparent effort to limit the Plaintiff’s ability to
3 propound interrogatories without court intervention. The attorney wrote:

4 I do not believe my calculations [under Rule 33.1] are a mystery.

5 I simply counted the number of interrogatories along with subparts.

6 As I explained in our response to your motion to compel, you
7 significantly modified the uniform interrogatories and used many
8 interrogatories that have no application to this case...

9 The issues identified above give lawyers the opportunity to put form over
10 substance, which in turn undermines the main purpose in having uniform
11 interrogatories. Thus the State Bar recommends that portions of Rule 33.1 be
12 amended and that Forms 4, 5 and 6 be modified. The attachments reflect these
13 recommendations. The new, proposed Uniform Interrogatory Forms are attached
14 to this Petition, and include “redlined” versions, and “new” versions of the Forms.
15 The new versions of the Uniform Interrogatories reflect the following concepts:²
16 (1) they amplify the express concept in Rule 33.1(f) and its comments that each
17 interrogatory can be propounded as a Uniform Interrogatory if it fits the particular
18 facts of the case, and that presumptively no Uniform Interrogatory would be

19 ²The form interrogatories pertaining to domestic relations law are not
20 modified in the proposals set forth in this Petition.

1 considered irrelevant, unduly burdensome, or harassing, (2) they make the Uniform
2 Interrogatories more symmetrical, eliminating any bias that favors one side over
3 the other, and to broaden them so they could generally apply to fact patterns
4 presented by other similar causes of action (*See* new “Institutional Health Care
5 Provider” interrogatories), and (3) they eliminate some of the more hypertechnical
6 language (e.g., “if so,” rather than, “if your reply to the foregoing is in the
7 affirmative.”)

8 **A. Application of Uniform Interrogatories to all potential causes of**
9 **action if they are calculated to lead to the discovery of admissible**
10 **evidence.**

11 To address the occasional issue that arises when one side wishes to apply
12 Uniform Interrogatories labeled with a different cause of action (i.e., Contract
13 Litigation Interrogatories) to the particular case at hand (i.e., Tort), the proposed
14 rule change seeks to amplify Rule 33.1’s existing language with the following
15 proposed change stated in capital letters:

16 (f) Uniform Interrogatories. The interrogatories set forth in the
17 Appendix of Forms following these Rules are denominated as
18 Uniform Interrogatories, and are approved for use as a standard or
19 guide in preparation by counsel of interrogatories under Rule 33 of
20 these Rules. The use of Uniform Interrogatories shall be governed by

1 Rule 33 of these Rules, and this Rule. The use of Uniform
2 Interrogatories is not mandatory. The interrogatories should serve as
3 a guide only, and may or may not be approved as to either form or
4 substance in a particular case. They are not to be used as a standard
5 set of interrogatories for submission in all cases. ~~Each interrogatory~~
6 ~~should be used only where it fits the particular case.~~ ANY
7 UNIFORM INTERROGATORY MAY BE USED WHERE IT FITS
8 THE LEGAL OR FACTUAL ISSUES OF THE PARTICULAR
9 CASE, REGARDLESS OF HOW THE ACTION OR CLAIMS ARE
10 DESIGNATED. The method of propounding and answering Uniform
11 Interrogatories shall be as follows: . . .

12 *See Exhibit A.*

13 Exhibit A also adds the following proposed language to the comments of
14 Rule 33.1:

15 The uniform interrogatories stated in the Forms in the Rules'
16 Appendix are for use in any litigation brought under the civil rules,
17 and the category heading for each Form is suggestive in nature and
18 not restrictive; no uniform interrogatory is limited by the nature of the
19 cause of action. Further, in light of Rules 26.1 and 26.2 and their
20 comments, use of the uniform interrogatories is presumptively

1 deemed to not be harassing or overly broad, and their language is
2 presumptively not vague or ambiguous. Disputes arising from the use
3 of the interrogatories should be considered in light of the standard
4 stated in Rule 26(b)(1).

5 Exhibit A. As can be seen, this comment also addresses the problem of eliciting
6 “stock” objections such as “vague, ambiguous, or harassing,” frequently made in
7 response even to the Uniform Interrogatories though these interrogatories have
8 been sanctioned for use by the Court.

9 **B. "Minor" edits.**

10 The proposed rule amendment and Uniform Interrogatory Forms also
11 address the issue of minor edits, viz., whether “minor” edits made by a
12 propounding party to the Uniform Interrogatories would change the nature of the
13 interrogatories from uniform to non-uniform, thereby creating the possibility of the
14 propounding party running afoul of Rule 33.1(a)’s presumptive limit of 40
15 interrogatories stated in Rule 33.1(a) if the party propounded an entire set of
16 interrogatories stated in the forms.

17 While it was thought that the responding party should not be allowed to use
18 the propounding party’s “minor” edits which *broaden* the scope of the
19 interrogatories as a sword by objecting to the edits, it was apparent that the concept
20 of “minor edits” evaded definition, because these are terms subject to many

1 different interpretations, both liberal and restrictive. However, consistent with the
2 goal of the Zlakat Rules to facilitate the exchange of information, the proposed
3 changes allow parties desiring to *limit* the scope of the uniform interrogatory to a
4 particular issue with “limiting edits,” viz., *those that limit the scope of the*
5 *information called for by the interrogatory by deleting existing language.* This is
6 reflected in the following language to the proposed amendment to Rule 33.1(a) (in
7 capitals):

8 (a). Presumptive Limitations. Except as provided in these Rules, a
9 party shall not serve upon any other party more than forty (40)
10 interrogatories, which may be any combination of uniform or non-
11 uniform interrogatories. Any uniform interrogatory and its subparts
12 shall be counted as one interrogatory. Any subpart to a non-uniform
13 interrogatory shall be considered as a separate interrogatory. IN THE
14 NOTICE OF SERVICE OF UNIFORM INTERROGATORIES, A
15 PROPOUNDING PARTY MAY SPECIFICALLY LIMIT THE
16 SCOPE OF THE UNIFORM INTERROGATORY TO REQUEST
17 LESS INFORMATION THAN CALLED FOR IN THE UNIFORM
18 INTERROGATORY, SUCH AS BY REQUESTING
19 INFORMATION ONLY AS TO PARTICULAR PERSONS,
20 EVENTS, OR ISSUES. SUCH LIMITING INSTRUCTIONS DO

1 NOT TRANSFORM THE UNIFORM INTERROGATORY INTO A
2 NON-UNIFORM INTERROGATORY.

3 **C. Where appropriate, all sets of uniform interrogatories forms were**
4 **made symmetrical to allow either side propound them.**

5 Rather than create a new set of interrogatories, it was determined that each
6 of the sets of uniform interrogatories could be revised to make them more
7 symmetrical and unbiased as between the plaintiff and defense side. This was
8 particularly true in the Personal Injury interrogatories, Form 5.

9 During this process of redrafting, an attempt was made to eliminate
10 hypertechnical or legalistic language. For example,

- 11 (a) Removing plaintiff and defendant whenever possible;
- 12 (b) Changing "answering defendant" and similar phrases to "you";
- 13 (c) Changing items such as "if your answer to the foregoing is in the
14 affirmative" to "if so";
- 15 (d) Expanding the notion of court proceedings (*e.g.*, for prior testimony)
16 to any sort of proceedings, such as arbitration;
- 17 (e) Being consistent about using "please" (deciding on always being
18 polite);
- 19 (f) Adding requests for locations of documents that are already the
20 subject of other inquiry; and

1 (g) Expanding the insurance questions to include more than insurance
2 policies, such as indemnity agreements or other contractual
3 obligations.

4 **D. Where appropriate, the new interrogatory forms are more**
5 **generic so they can be applied to a broader number of fact**
6 **patterns involving medical malpractice.**

7 The proposed changes also recognize the potential problems created by the
8 current Uniform Interrogatory Forms, which do not always neatly fit each fact
9 pattern. For instance, though Form 4, Set B was labeled "Plaintiff to Defendant
10 Institutional Health Care Provider," the actual language in the interrogatories was
11 much more restrictive and seemingly applied only to claims arising against
12 hospitals. As a result, where appropriate, the proposed changes attempt to broaden
13 the uniform interrogatories to allow their use in a larger number cases presenting
14 diverse fact patterns. In the case of the institutional health care providers, this was
15 more consistent with Set B's original label and purpose: discovering information
16 in a claim against *any* type of "institutional health care provider." For example,
17 No. 7 originally stated:

18 Please state whether the hospital administrator, the director of nurses,
19 the chief of the medical staff, or any nursing supervisor were
20

1 consulted at any time from the date of admission to the date of
2 discharge concerning the plaintiff. . .

3 Under the proposed revision, No. 7 now states:

4 Please state whether any person engaged in the administration or
5 management of the institution or engaged in supervision of any staff
6 that provides health care was consulted at any time from the date of
7 admission to the date of discharge concerning the injured
8 person/decedent³ . . .

9 **E. Minor revisions to Contract Uniform Interrogatories.**

10 The proposed changes recognize that the original contract uniform
11 interrogatories were balanced, well organized and were carefully drafted to elicit
12 information about the various types of business entities in contract or other
13 litigation. Therefore, the State Bar recommends only minor revisions to the
14 contract interrogatories.

15 First, the proposed changes expand the definition of "contract" to include
16 not only contracts that are the subject of the pleadings in an action for breach of
17 contract, but also contracts relevant to a dispute (*e.g.*, a health care provider's
18

19 ³Inasmuch as some claims are brought on behalf of a decedent's estate in a
20 wrongful death claim, the word "plaintiff" is changed to "injured person/decedent"
in the new proposed forms.

1 employment contract with a health care facility in a medical malpractice action).

2 To accomplish this change, the definition of “contract” is modified in the
3 definitions section of the interrogatories and eliminates the phrase “which is the
4 subject of the pleadings” in several interrogatories.

5 Second, the revised interrogatories allow requests for information about a
6 contract or multiple contracts. To accomplish this change, the proposed
7 interrogatories are modified to address one or more contracts.

8 Third, the revised interrogatories includes a new subsection (g) to Contract
9 Interrogatory No. 2 to include a request for information about limited liability
10 companies. This proposed subsection is drafted to follow the structure and form of
11 the preceding subsections.

12 Finally, the proposal includes a new interrogatory, proposed subsection (h)
13 to Contract Interrogatory No. 2, which acts as a “catch-all” for any entity that does
14 not fall into any of the categories of business entities previously set forth in the
15 interrogatory.

16 **F. New titles for the Forms and Sets of Uniform Interrogatories.**

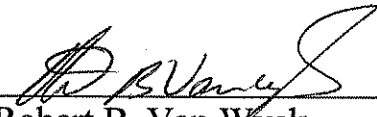
17 Finally, consistent with the goal of making the uniform interrogatories more
18 universal to all causes of action, the titles of the forms are changed under the
19 proposal. For instance, Form 4 was changed from “Uniform interrogatories for use
20 in Medical Malpractice Cases” to “Medical Negligence Interrogatories”; Form 4,

1 Set A was changed from "Plaintiff to Defendant Individual Health Care Provider,"
2 to "Individual Health Care Provider"; Set B was changed from "Plaintiff to
3 Defendant Institutional Health Care Provider," to "Institutional Health Care
4 Provider"; Form 6 was changed from "Contract Litigation Interrogatories" to
5 "Contract Interrogatories."

6 **Conclusion**

7 Attached to this Petition are the proposed amendments to Rule 33.1 and its
8 comments, as well as the various proposed Forms and Sets. The State Bar
9 respectfully requests that this Court amend Rule 33.1, its Comments, and approve
10 the new Uniform Interrogatories Forms as reflected in the attachments to this
11 Petition.

12
13 DATED this 11th day of December, 2007.

14
15 
16 Robert B. Van Wyck
Chief Bar Counsel
State Bar of Arizona

17
18 Electronic copy filed with the
19 Clerk of the Supreme Court of Arizona
this 11th day of December, 2007.

20 by: Kathleen Lundgren

Exhibit A

1 **I. Proposed Changes to Rule 33.1(a):**

2 (a) Presumptive Limitations. Except as provided in these Rules, a party shall not
3 serve upon any other party more than forty (40) interrogatories, which may be any
4 combination of uniform or non-uniform interrogatories. Any uniform interrogatory and
5 its subparts shall be counted as one interrogatory. Any subpart to a non-uniform
6 interrogatory shall be considered as a separate interrogatory. IN THE NOTICE OF
7 SERVICE OF UNIFORM INTERROGATORIES, A PROPOUNDING PARTY MAY
8 SPECIFICALLY LIMIT THE SCOPE OF THE UNIFORM INTERROGATORY TO
9 REQUEST LESS INFORMATION THAN CALLED FOR IN THE UNIFORM
10 INTERROGATORY, SUCH AS BY REQUESTING INFORMATION ONLY AS TO
11 PARTICULAR PERSONS, EVENTS, OR ISSUES. SUCH LIMITING
12 INSTRUCTIONS DO NOT TRANSFORM THE UNIFORM INTERROGATORY
13 INTO A NON-UNIFORM INTERROGATORY.

14
15 **II. Proposed Changes to Rule 33.1(f):**

16 (f) Uniform Interrogatories. The interrogatories set forth in the Appendix of
17 Forms following these Rules are denominated as Uniform Interrogatories, and are
18 approved for use as a standard or guide in preparation by counsel of interrogatories
19 under Rule 33 of these Rules. The use of Uniform Interrogatories shall be governed by
20 Rule 33 of these Rules, and this Rule. The use of Uniform Interrogatories is not
21 mandatory. The interrogatories should serve as a guide only, and may or may not be
22 approved as to either form or substance in a particular case. They are not to be used as a
23 standard set of interrogatories for submission in all cases. ~~Each interrogatory should be~~
24 ~~used only where it fits the particular case.~~ ANY UNIFORM INTERROGATORY MAY
25 BE USED WHERE IT FITS THE LEGAL OR FACTUAL ISSUES OF THE
26 PARTICULAR CASE, REGARDLESS OF HOW THE ACTION OR CLAIMS ARE

1 DESIGNATED. The method of propounding and answering Uniform Interrogatories
2 shall be as follows:

3
4 **III. Proposed Comment to Rule 33.1:**

5 The uniform interrogatories stated in the Forms in the Rules' Appendix are for
6 use in any litigation brought under the civil rules, and the category heading for each
7 Form is suggestive in nature and not restrictive; no uniform interrogatory is limited by
8 the nature of the cause of action. Further, in light of Rules 26.1 and 26.2 and their
9 comments, use of the uniform interrogatories is presumptively deemed to not be
10 harassing or overly broad, and their language is presumptively not vague or ambiguous.
11 Disputes arising from the use of the interrogatories should be considered in light of the
12 standard stated in Rule 26(b)(1).

Set A

Form 4. Uniform Interrogatories for use in Medical Malpractice Cases

SET A. (TO INDIVIDUAL HEALTH CARE PROVIDER)

I. GENERAL INFORMATION

Interrogatory No. 1: Please state:

- A. Your full name.
- B. Any and all other names you have used or by which you have been known.
- C. Date of your birth.
- D. Full name of your spouse, if one.
- E. Your residence and office addresses.
- F. The name of your professional association or corporation, if any.

Interrogatory No. 2:

- A. Please state your present marital status.
- B. Please state the name and last known address of your spouse and every former spouse.
- C. Please state the date of each such marriage.
- D. As to previous marriages, please give the date, place and manner of each termination.
- E. Please state the name, age and address of each of your children.

Interrogatory No. 3: Please state:

- A. The name and location of each university or college, or other post-secondary institution, that you have attended, the dates of such attendance, and any degrees you have received.
- B. The name and location of each medical school you attended and the dates of attendance.
- C. The name and location of each institution where you served as an intern and the dates of such internship.
- D. The name and location of each institution where you were a medical resident or resident physician, the dates of each residency and the medical specialty which you studied during each residency.
- E. The name and location of each institution where you have done a medical fellowship or other advanced study, the dates of such fellowship or study and the medical specialty which you studied.

Interrogatory No. 4: Please list each state or other jurisdiction in which you are, or have been, licensed to practice in the healthcare field, and in each instance, give:

- A. The date on which you first received your license.
- B. The name of the entity that issued such license.

C. The current status of each license.

D. The termination date and reason for termination for each license that is no longer in force

Interrogatory No. 5: Have you ever held yourself out to anyone as being specially qualified in any field of health care? _____ If so, please state:

A. The name of the specialty.

B. The date you first held yourself out as a specialist.

C. Whether you are board certified in such specialty.

D. The board which certified you.

E. The date you first became board certified.

F. The date you qualified to take the board certification examination.

G. The number of times and dates you took the oral and written exams.

Interrogatory No. 6: Have you ever taught any subject at any medical or healthcare institution? _____ If so, please state:

A. The name and address of the institution.

B. What position you held, if any, and the dates that you held each position.

C. The name of each subject taught by you.

Interrogatory No. 7: Have you ever written or collaborated in writing any treatises, papers or articles on any phase of medical practice or treatment? _____ If so, please state:

A. The title of each writing.

B. The citation for each writing.

C. Whether you have a copy of each such writing and, if not, where a copy might be obtained.

Interrogatory No. 8: Please list the name of every professional society or organization in which you have held membership, the inclusive dates of your membership, any positions which you have held, and the dates such positions were held.

Interrogatory No. 9: Please list the names of each hospital where you have had staff privileges in the last five years, any limitations on your privileges, any hospital staff or committee memberships that you have held, and the dates thereof.

Interrogatory No. 10: Have you ever testified in deposition, or in court, or in another tribunal in a negligence lawsuit? _____ If so, please state:

A. The name of the plaintiff(s).

B. The name of the defendant(s).

C. The cause number and court or other tribunal where filed.

- D. The names of the lawyers for the parties.
- E. The subject matter of your testimony (e.g., standard of care, causation, damages).
- F. The allegations of negligence in the suit.
- G. The name and address of the person presently having possession of each transcript of any testimony you gave.

II. RECORDS OF HEALTH CARE

Interrogatory No. 11: With regard to each occasion on which you saw the injured person/decedent in your office, please state the following:

- A. Any history taken.
- B. The precise physical examination performed and a detailed listing of all findings upon this physical examination.
- C. Any other diagnostic aids employed.
- D. Any other diagnoses or diagnostic impressions which were reached.
- E. Any modalities of treatment selected.
- F. Any and all conversations with the injured person/decedent.

Interrogatory No. 12: With regard to each occasion on which you saw the injured person/decedent in the hospital, nursing home, or other institution, please state the following:

- A. Any history taken.
- B. The precise examination performed and a detailed listing of all findings upon this physical examination.
- C. Any other diagnostic aids employed.
- D. Any diagnoses or diagnostic impressions which were rendered.
- E. Any modalities of treatment selected.
- F. Any and all conversations with the injured person/decedent.

Interrogatory No. 13: Please state whether you ever indicated or suggested to anyone that the injured person/decedent was an unsatisfactory patient, or made any other critical representations concerning the injured person/decedent. ____ If you answer is yes, please state the following with respect to each such representation:

- A. A general description of the representation.
- B. The date and place where it was made.
- C. The name and address of each person to whom this representation was made.

Interrogatory No. 14: Do you contend that any entries in the medical records/chart at issue are incorrect or inaccurate? ____ If so, please state:

- A. The precise entry(ies) that you think are incorrect or inaccurate.
- B. What you contend the correct or accurate entry(ies) should have been.

C. The name, present or last known address and telephone number and present or last known employer of each and every person who has knowledge pertaining to A and B.

D. A description, including the author and title, of each and every document that you claim supports your answer to A and B.

E. The name, present or last known address and telephone number of each and every person you intend to call as a witness in support of your contention.

Interrogatory No. 15: Are you aware of any medical records, reports or letters from health care providers, or other written or recorded information or photographs concerning the medical, mental or physical condition of the injured person/decedent prior to the incident in question? _____. If so, please state:

A. The nature and subject of each such item.

B. The date each item was prepared.

C. The name, present or last known address of the person or persons preparing each item.

D. The name, present or last known address of the person who presently has custody or control of each item.

E. Whether you are in possession of copies of each or any item.

III. INVESTIGATION

Interrogatory No. 16: Are you aware of the existence of any oral, written or recorded statement or admission made or claimed to have been made by any party or witness? _____. If so, please state:

A. The name, present or last known address and telephone number of the person making the statement or admission.

B. The date of the statement or admission.

C. The name, present or last known employer, occupation, and present or last known address and telephone number of the person or persons taking or hearing the statement or admission.

D. The name and present or last known address of the person now in possession of a written or recorded statement or admission.

Interrogatory No. 17: Have any drawings, diagrams, photographs, motion pictures, digital images or videotapes been prepared or taken of any object or person involved in the incident? _____. If so, please state:

A. What is depicted by each drawing, diagram, photograph, motion picture, digital image and/or videotape.

B. The date on which each drawing, diagram, photograph, motion picture, digital image or videotape was taken.

C. The name, present or last known address of the person preparing the drawing or diagram and/or the photographer of each photograph, motion picture, digital image or videotape.

D. The name, present or last known address and telephone number of the person who now has custody of the drawing, diagram, photograph, motion picture, digital image and/or videotape.

Interrogatory No. 18: Please state whether any meetings or hearings were held by any committee, or any other group, at which the injured person/decedent or any of the incident(s) in question were discussed. _____. If so, please state the following with respect to each such meeting or hearing:

- A. The date and place where it was held.
- B. The name of each person present.
- C. Whether any written memoranda or minutes were made of the meeting.
- D. Each written or documentary item submitted to the committee or organization.
- E. As to each item set forth in subsections (a) and (d) above, please state whether you contend the item is privileged (i.e., not subject to discovery) and the precise basis of the claim.

IV. WITNESSES AND EXHIBITS

Interrogatory No. 19: Are you aware of any person you may call as a witness at the trial of this action who may have or claims to have any information concerning the medical, mental, or physical condition of the injured person/decedent prior to the incident(s) in question? _____ If so, please state:

- A. The name and present or last known address and telephone number of each such person.
- B. The occupation and present or last known employer of each such person.
- C. The subject and substance of the information each such person claims to have.

Interrogatory No. 20: Other than as disclosed above, are you aware of any person who may have or claims to have knowledge of the history or background of the injured person/decedent whom you may call as a witness in this action? (The "history or background of the injured person/decedent" as used in this interrogatory is intended to have the broadest possible reference to the injured person/decedent's' background, including, but not limited to any of the following that may apply: the injured person/decedent's personal, employment, academic, military, criminal, financial, religious, social or marital background.) _____ If so, please state:

- A. The name and address of each person.
- B. The occupation and employer of each person.
- C. The nature and substance of the information concerning the injured person/decedent of which each person has knowledge.

Interrogatory No. 21: Other than as described above, are you aware of any written or recorded information relating to the history or background of the injured person/decedent (as defined in the previous interrogatory) which you may offer as exhibits in this action? _____ If so, please state:

- A. The nature of each such item of written or recorded information with sufficient particularity to identify it.
- B. The date of each such item.
- C. The name, present or last known address and telephone number of the author or preparer of each such item.
- D. The name, present or last known address and telephone number of the person presently having possession of each such item or any copy thereof.

Interrogatory No. 22: Please list the names, present or last known addresses and telephone number, official titles, if any, and other identification of all persons, not previously identified, who:

- A. Were known to be present at the events in question;
- B. Claimed to have information concerning the events in question;

- C. Were reported to have information concerning the events in question;
- D. Have knowledge of any pre-existing medical problems or medical treatment received by the injured person/decedent prior to the events in question;
- E. Have knowledge of the medical problems or medical treatment received by the injured person/decedent from the events in question up to the present time;
- F. Participated in any investigation concerning this incident in question of any party or witness thereto;
- G. Participated in any surveillance of the injured person/decedent.

As to each such person, please state:

- 1. His or her name, present or last known address and telephone number
- 2. Present or last known address of any employer.
- 3. The subject and substance of the information each such person claims to have.
- 4. The present whereabouts of such person and the telephone number.

Interrogatory No. 23: Do you know of any person who is skilled in any particular field whom you may call as a witness at trial of this action and who has expressed an opinion on any issue of this action? _____. If so, please state:

- A. The name, present or last known address and telephone number of each person.
- B. The field in which each such person is sufficiently skilled to enable him (or her) to express opinion evidence in this action.
- C. A complete list of all actions, in any tribunal, in which each person has rendered an opinion, whether by written report, deposition testimony or trial testimony, including:
 - 1. The name of the case.
 - 2. The court or other tribunal in which filed.
 - 3. The docket number assigned.
 - 4. Whether each person rendered his (or her) opinion by written report, deposition testimony, trial testimony or a combination thereof.
 - 5. Whether you have a copy of such report or testimony and, if not, who you believe would have such copies.
- D. Whether such person will base his (or her) opinion:
 - 1. In whole or in part upon the facts acquired personally by him (or her) in the course of an investigation or examination of any of the issues of this case, or
 - 2. Solely upon information as to facts provided him (or her) by others.
- E. If your answer to D (above) discloses that any such person has made a personal investigation or examination relating to any of the issues of this case, please state the nature and dates of such investigation or examination.

F. Each and every fact, and each and every document, item, photograph or other tangible object supplied or made available to such person.

G. The general subject upon which each such person may express an opinion.

H. The substance of the facts and opinions to which such person is expected to testify.

I. Whether such persons have rendered written reports. _____ If so, please state:

1. The dates of each report.

2. The name, present or last known address and telephone number of the custodian of such reports.

Interrogatory No. 24: With respect to every lay witness whom you intend to or may call to testify, please state:

A. The name, present or last known address and telephone, occupation and present or last known employer of each such person.

B. What documents or facts such person has provided or communicated to you.

C. The substance of the testimony of such person.

Interrogatory No. 25: Please list specifically and in detail each and every exhibit you intend to use, or believe you may use, at trial in this matter.

Interrogatory No. 26: At the time of trial, do you intend to use or refer to any textbook, periodical or other publication during direct examination of your witnesses. _____ If so, please provide the citation for any text or periodical you intend to use.

V. MISCELLANEOUS

Interrogatory No. 27: Is it your contention that the injured person/decedent's injuries/death was/were caused in whole or in part by the fault of some person or persons other than yourself, whether named as a party in this action or not, or that some such other person or persons may have or share in the legal responsibility for the injuries set forth in injured person/decedent's pleadings? _____ If so, please state:

A. The name and present or last known address and telephone number of each such person or entity.

B. Each act or omission by which you contend such person is at fault for causing injured person/decedent's injuries.

C. The relationship of each person or entity, if any, to you or to any other party in this action.

Interrogatory No. 28: Have you entered into any agreement or covenant with any other person or entity in any way compromising, settling, and/or limiting the liability or potential liability for any party to the claim arising out of the occurrence alleged in the injured person/decedent's pleadings? _____ If so, please set forth the following:

A. The name and present or last known address and telephone number of each person or entity with whom such agreement or covenant was made.

B. The date of each such agreement or covenant.

C. Is the agreement or covenant in writing? _____ If so, state the name and present or last known address and telephone number of the individual who has custody and control of a copy of each such agreement or covenant.

D. The terms of each such agreement or covenant.

E. The consideration paid for each such agreement or covenant.

F. Whether you claim that the agreement or covenant is confidential and, if so, the legal and factual basis for such claim.

Interrogatory No. 29: As to any affirmative defenses you allege, please state the factual basis of and describe each such affirmative defense, the evidence which will be offered at trial concerning any such alleged affirmative defense, including the names, present or last known addresses and telephone numbers of any witnesses who will testify in support of the defense, and the descriptions of any exhibits which will be offered to establish each such affirmative defense.

Interrogatory No. 30: Have you ever been a party to a civil action or arbitration proceeding? _____. If so, please state:

- A. The names and designations (Plaintiff, Defendant, intervenor, garnishee, etc.) of all parties to each such action;
- B. The cause number, state, and tribunal where each such action was filed;
- C. The names and address of any lawyers representing any parties to each such action;
- D. The general nature of the claims and defenses, including any allegations made against you; and
- E. How the claims against you were resolved.

Interrogatory No. 31: Please state the name of any insurance company or any other person or entity who might be liable to satisfy part or all of a judgment which may be entered in favor of the injured party/decedent and/or against you, or to indemnify or reimburse for payments made to satisfy the judgment.

With respect to each such entity listed above, please state the following:

- A. The date on which any policy was issued, or other contract executed.
- B. The period for which the policy was issued, or the duration of any contractual obligation of indemnity or reimbursement.
- C. The policy or monetary limits for any liability and medical pay coverage.
- D. Whether any person or entity asserts any policy defenses or other defenses to its liability to you with regard to any claim made by the injured party/decedent.
- E. Whether any claim made by the injured party/decedent is being defended under a reservation of rights.
- F. Each and every factual basis for any defense under a reservation of rights.
- G. The exact language of the policy which provided the basis for any reservation of rights, or attach a copy of the policy language in question.
- H. If more than one entity is listed, state whether any entity asserts, by contract or otherwise, that its obligations are "secondary" to any other entity, or otherwise contingent on any event or occurrence.

Form 4. Uniform Interrogatories for use in Medical Malpractice Cases

SET A. (PLAINTIFF TO DEFENDANT INDIVIDUAL HEALTH CARE PROVIDER)

I. GENERAL INFORMATION

Interrogatory No. 1: Please state:

- A. Your full name.
- B. Any and all other names you have used or by which you have been known.
- C. Date of your birth.
- D. Full name of your spouse, if one.
- E. Your residence and office addresses.
- F. The name of your professional association or corporation, if any.

Interrogatory No. 2:

- A. ~~Which of the following is~~ Please state your present marital status: ~~single, married, separated, widowed or divorced?~~ _____.
- B. ~~State~~ Please state the name and last known address of your spouse and every former spouse.
- C. ~~State~~ Please state the date of each such marriage.
- D. As to previous marriages, please give the date, place and manner of each termination.
- E. Please state the name, age and address of each of your children.

Interrogatory No. 3: Please state:

- A. The name and location of each university or college, or other post-secondary institution, that you have attended, the dates of such attendance, and any degrees you have received.
- B. The name and location of each medical school you attended and the dates of attendance.
- C. The name and location of each institution where you served as an intern and the dates of such internship.
- D. The name and location of each institution where you were a medical resident or resident physician, the dates of each residency and the medical specialty which you studied during each residency.
- E. The name and location of each institution where you have done a medical fellowship or other advanced study, the dates of such fellowship or study and the medical specialty which you studied.

Interrogatory No. 4: ~~List~~ Please list each state or other jurisdiction in which you are, or have been, licensed to practice medicine ~~in the healthcare field,~~ and in each instance, give:

- A. The date on which you first received your license.
- B. The name of the board ~~or official body which issues~~ entity that issued such license.
- C. The current status of each license.

D. ~~If no longer licensed by any such state, the~~ The termination date and reason for termination, for each license that is no longer in force

Interrogatory No. 5: Have you ever held yourself out to the public or to the members of the medical profession ~~anyone~~ as being specially qualified in any field of health care? _____ If so, please state:

- A. The name of the specialty.
- B. The date you first held yourself out as a specialist.
- C. Whether you are board certified in such specialty.
- D. The board which certified you.
- E. The date you first became board certified.
- F. The date you qualified to take the board certification examination.
- G. The number of times and dates you took the oral and written exams ~~and the dates thereof~~.

Interrogatory No. 6: Have you ever been connected in a teaching capacity with taught any subject at any medical or healthcare institution? _____ If so, please state:

- A. The name and address of the institution.
- B. What position you held, if any, and the dates that you held each teaching position.
- C. The name of each subject taught by you.

Interrogatory No. 7: Have you ever written or collaborated in writing any treatises, papers or articles on any phase of medical practice or treatment? _____ If so, please state:

- A. The title of each writing.
- B. The citation for each writing.
- C. Whether you have a copy of each such writing and, if not, where a copy might be obtained.

Interrogatory No. 8: ~~List~~ Please list the name of every professional society or organization in which you have held membership, the inclusive dates of your membership, any positions which you have held, and the dates such positions were held.

Interrogatory No. 9: ~~List~~ Please list the names of each hospital where you have had staff privileges in the last five years, any limitations on your privileges, any hospital staff or committee memberships that you have held, and the dates thereof.

Interrogatory No. 10: Have you ever testified in deposition, or in court ~~in a malpractice, or professional~~ in another tribunal in a negligence lawsuit? _____ If so, please state:

- A. The name of the plaintiff(s).
- B. The name of ~~any and all defendants~~ the defendant(s).
- C. The cause number and court or other tribunal where filed.

D. The names of the lawyers for the parties.

E. The subject matter of your testimony (e.g., standard of care, causation, damages).

F. The allegations of negligence in the suit.

G. The name and address of the person presently having possession of each ~~deposition or transcript of any copy thereof~~ testimony you gave.

II. RECORDS OF HEALTH CARE

Interrogatory No. 11: With regard to each occasion on which Defendant you saw the injured person/decedent in his ~~your~~ office, please state the following:

A. Any history taken.

B. The precise physical examination performed and a detailed listing of all findings upon this physical examination.

C. Any other diagnostic aids employed.

D. Any other diagnoses or diagnostic impressions which were reached.

E. Any modalities of treatment selected.

F. Any and all conversations with the injured person/decedent.

Interrogatory No. 12: With regard to each occasion on which Defendant you saw the injured person/decedent in the hospital, nursing home, or other institution, please state the following:

A. Any history taken.

B. The precise examination performed and a detailed listing of all findings upon this physical examination.

C. Any other diagnostic aids employed.

D. Any diagnoses or diagnostic impressions which were rendered.

E. Any modalities of treatment selected.

F. Any and all conversations with the injured person/decedent.

Interrogatory No. 13: Please state whether the Defendant you ever indicated or suggested to anyone that the injured person/decedent was an unsatisfactory patient, or made any other critical representations concerning the injured person/decedent. _____ If the ~~you answer to the foregoing is in the affirmative~~ yes, please state the following with respect to each such representation:

A. A general description of the representation.

B. The date and place where it was made.

C. The name and address of each person to whom this representation was made.

Interrogatory No. 14: Do you contend that any entries in the answering Defendant's medical/hospital records/chart at issue are incorrect or inaccurate? _____ If so, please state:

A. The precise entry(ies) that you think are incorrect or inaccurate.

B. What you contend the correct or accurate entry(ies) should have been.

C. The name, present or last known address and telephone number and present or last known employer of each and every person who has knowledge pertaining to A and B.

D. A description, including the author and title, of each and every document that you claim supports your answer to A and B.

E. The name, present or last known address and telephone number of each and every person you intend to call as a witness in support of your contention.

Interrogatory No. 15: Are you aware of any medical records, reports or letters from health care providers, or other written or recorded information or photographs concerning the medical, mental or physical condition of the Plaintiff(s) injured person/decedent prior to the incident in question? ____ If so, please state:

A. The nature and subject of each such item.

B. The date each item was prepared.

C. The name ~~and~~, present or last known address of the person or persons preparing each item.

D. The name ~~and~~, present or last known address of the person who presently has custody or control of each item.

E. Whether you are in possession of copies of each or any item.

III. INVESTIGATION

Interrogatory No. 16: Are you aware of the existence of any oral, written or recorded statement or admission made or claimed to have been made by any party or witness? ____ If so, please state:

A. The name, present or last known address and telephone number of the person making the statement or admission.

B. The date of the statement or admission.

C. The name, present or last known employer, occupation, and present or last known address ~~address and telephone number~~ of the person or persons taking or hearing the statement or admission.

D. The name and present or last known address of the person now in possession of a written or recorded statement or admission.

Interrogatory No. 17: Have any drawings, diagrams, photographs, motion pictures, digital images or video-tapes been prepared or taken of any object or person involved in the incident? ____ If so, please state:

A. What is depicted by each drawing, diagram, photograph, motion picture, digital image and/or video-tape.

B. The date on which each drawing, diagram, photograph, motion picture, digital image or video-tape was taken.

C. The name ~~and~~, present or last known address of the person preparing the drawing or diagram and/or the photographer of each photograph, motion picture, digital image or video-tape.

D. The name ~~and~~, present or last known address and telephone number of the person who now has custody of the drawing, diagram, photograph, motion picture, digital image and/or video-tape.

Interrogatory No. 18: Please state whether any meetings or hearings were held by any hospital-committee, or any

Interrogatory No. 22: Please list the names, present or last known addresses and telephone number, official titles, if any, and other identification of all persons, not previously identified, who:

- A. Were known to be present at the events in question;
- B. Claimed to have information concerning the events in question;
- C. Were reported to have information concerning the events in question;
- D. Have knowledge of any pre-existing medical problems or medical treatment received by Plaintiff(s)the injured person/decedent prior to the events in question;
- E. Have knowledge of the medical problems or medical treatment received by Plaintiff(s)the injured person/decedent from the events in question up to the present time;
- F. Participated in any investigation concerning this incident in question of any party or witness thereto;
- G. Participated in any surveillance of the Plaintiff(s)injured person/decedent.

As to each such person, please state:

- 1. Name:His or her name, present or last known address and telephone number
- 2. Present or last known address.
- 3. Present or last known address of any employer.
- 4. Please set forth the 3. The subject and substance of the information each such person claims to have.
- 5. The present whereabouts of such person and the telephone number.

Interrogatory No. 23: Do you know of any person who is skilled in any particular field ~~or science~~ whom you may call as a witness at trial of this action and who has expressed an opinion on any issue of this action? ____ If so, please state:

- A. The name and, present or last known address and telephone number of each person.
- B. The field ~~or science~~ in which each such person is sufficiently skilled to enable him (or her) to express opinion evidence in this action.
- C. A complete list of all ~~medical malpractice~~ actions, in any tribunal, in which each person has rendered an opinion, whether by written report, deposition testimony or trial testimony, including:
 - 1. The name of the case.
 - 2. The court or other tribunal in which filed.
 - 3. The docket number assigned.
 - 4. Whether each person rendered his (or her) opinion by written report, deposition testimony, trial testimony or a combination thereof.
 - 5. Whether you have a copy of such report or testimony and, if not, who you believe would have such copies.
- D. Whether such person will base his (or her) opinion:

1. In whole or in part upon the facts acquired personally by him (or her) in the course of an investigation or examination of any of the issues of this case, or

2. Solely upon information as to facts provided him (or her) by others.

E. If your answer to D (above) discloses that any such person has made a personal investigation or examination relating to any of the issues of this case, please state the nature and dates of such investigation or examination.

F. Each and every fact, and each and every document, item, photograph or other tangible object supplied or made available to such person.

G. The general subject upon which each such person may express an opinion.

H. The substance of the facts and opinions to which such person is expected to testify.

I. Whether such persons have rendered written reports. _____ If so, please state:

1. The dates of each report.

2. The name and present or last known address and telephone number of the custodian of such reports.

Interrogatory No. 24: With respect to every lay witness whom you intend to or may call to testify, please state:

A. The name, present or last known address and telephone, occupation and present or last known employer of each such person.

B. What ~~information~~documents or facts such person has provided or communicated to you.

C. ~~What knowledge or information do you believe the witness has with respect to the matters which are at issue in this lawsuit.~~

D. ~~The subject about which such witness will or may testify, i.e., liability, damages, injuries, etc.~~

E. ~~The substance of the testimony of each witness~~such person.

Interrogatory No. 25: ~~List~~Please list specifically and in detail each and every exhibit you ~~propose to utilize~~intend to use, or believe you may use, at trial in this matter. ~~This interrogatory is directed both to exhibits you intend to use at trial and exhibits you may use.~~

Interrogatory No. 26: At the time of trial, do you intend to use or refer to any ~~medical textbook, periodical or other medical publication during direct examination of your witnesses.~~ _____ ~~If your answer is in the affirmative, so, please provide the citation for any text or periodical you intend to use.~~

V. MISCELLANEOUS

Interrogatory No. 27: Is it your contention that the ~~Plaintiff(s)~~injured person/decedent's ~~injuries-/death was/were~~ caused in whole or in part by the fault of some person or persons other than yourself, whether named as a ~~defendant party~~ in this action or not, or that some such other person or persons may have or share in the legal responsibility for the injuries set forth in ~~Plaintiff(s)' Complaint?~~injured person/decedent's pleadings? _____ If so, please state:

A. The name and present or last known address and telephone number of each such person or entity.

B. Each act or omission by which you contend such person is at fault for causing ~~the Plaintiff(s)~~injured person/decedent's injuries.

C. The relationship of each person or entity, if any, to you or to any other party in this action.

Interrogatory No. 28: ~~Has this answering Defendant~~ Have you entered into any agreement or covenant with any other person or entity in any way compromising, settling, and/or limiting the liability or potential liability for any party to the claim arising out of the occurrence alleged in Plaintiff(s) Complaint? ~~the injured person/decedent's pleadings?~~ _____ If the foregoing is answered in the affirmative, so, please set forth the following:

A. The name and present or last known address and telephone number of each person or entity with whom such agreement or covenant was made.

B. The date of each such agreement or covenant.

C. Is the agreement or covenant in writing? _____ If so, state the name and present or last known address and telephone number of the individual who has custody and control of a copy of each such agreement or covenant.

D. The terms of each such agreement or covenant.

E. The consideration paid for each such agreement or covenant.

F. Whether you claim that the agreement or covenant is confidential and, if so, the legal and factual basis for such claim.

Interrogatory No. 29: As to any affirmative defenses you allege, please state the factual basis of and describe each such affirmative defense, the evidence which will be offered at trial concerning any such alleged affirmative defense, including the names, present or last known addresses and telephone numbers of any witnesses who will testify in support ~~thereof~~ of the defense, and the descriptions of any exhibits which will be offered to establish each such affirmative defense.

Interrogatory No. 30: Have you ever been sued ~~for malpractice~~ a party to a civil action or professional negligence/arbitration proceeding? _____ If so, please state:

_____ A. The name of the names and designations (Plaintiff, Defendant, intervenor, garnishee, etc.) of all parties to each such action;

B. The name of any and all other Defendants;

_____ C. The cause number, state, and court/tribunal where each such action was filed;

_____ D. The name of the lawyer representing the Plaintiff, if any. C. The names and address of any lawyers representing any parties to each such action;

_____ E. D. The name/general nature of the lawyer representing you, if claims and defenses, including any;

F. The allegations of negligence made against you; and

G. The manner in which E. How the claim was/claims against you were resolved.

Interrogatory No. 31: Please state the name of any insurance company or any other person carrying on any insurance business or entity who might be liable to satisfy part or all of a judgment which may be entered in favor of Plaintiff the injured party/decedent and/or against you, or to indemnify or reimburse for payments made to satisfy the judgment.

With respect to each such ~~insurance company or person carrying on any insurance business~~ entity listed above, please state the following:

- A. The date on which ~~the~~ any policy was issued, or other contract executed.
- B. The period for which the policy was issued, or the duration of any contractual obligation of indemnity or reimbursement.
- C. The policy or monetary limits for ~~bodily injury~~ any liability and medical pay coverage.
- D. Whether any person or entity asserts any policy defenses are claimed to be applicable or other defenses to its liability to you with regard to any claim made by the Plaintiff injured party/decedent.
- E. Whether any claim made by the Plaintiff injured party/decedent is being defended under a reservation of rights.
- F. ~~If any policy of insurance is being defended under any reservation of rights, each~~ Each and every factual basis for ~~the insurance company's defense under a reservation of rights.~~
- G. ~~If any policy of insurance is being defended~~ defense under any reservation of rights, ~~the.~~
- G. The exact language of the policy which provided the basis for ~~the insurance company's~~ any reservation of rights, or attach a copy of the policy language in question.
- H. ~~If more than one insurance company is listed, state which company carries the primary coverage, and which company or companies carry the secondary coverage~~ If more than one entity is listed, state whether any entity asserts, by contract or otherwise, that its obligations are "secondary" to any other entity, or otherwise contingent on any event or occurrence.

Set B

Form 4. Medical Negligence Interrogatories

Set B: Institutional Health Care Provider

I. INVESTIGATION

1. Please state the name of any and all witnesses or purported witnesses who are believed or understood by you to have any knowledge concerning the activities and/or medical treatment received by the injured party/decedent during his/her stay/treatment at _____. As to each such person, please state the following:

- A. Name, present or last known address and telephone number.
- B. Present or last known employer.
- C. Please set forth the subject and substance of the information each such person claims to have.
- D. The present whereabouts of such person.

2. Are you aware of the existence of any oral, written or recorded statement or admission made or claimed to have been made by any party or witness? _____

If so, please state:

- A. The name, present or last known address and telephone number of the person making the statement or admission.
- B. The date of the statement or admission.
- C. The name, present or last known employer, occupation, and present or last known address and telephone number of the person or persons taking or hearing the statement or admission.
- D. The name and present or last known address and telephone number of the person now in possession of a written or recorded statement or admission.

3. Have any drawings, diagrams, photographs, motion pictures, digital images or video-tapes been prepared or taken of any object or person involved in the incident? _____ If so, please state:

A. What is depicted by each drawing, diagram, photograph, motion picture, digital image and/or video-tape.

B. The date on which each drawing, diagram, photograph, motion picture, digital image or video-tape was taken.

C. The name, present or last known address and telephone number of the person preparing the drawing or diagram and/or the photographer of each photograph, motion picture, digital image or video-tape.

D. The name, present or last known address and telephone number of the person who now has custody of the drawing, diagram, photograph, motion picture, digital image and/or video-tape.

4. Are you aware of any medical records, reports or letters from health care providers, or other written or recorded information or photographs concerning the medical, mental or physical condition of the injured person/decedent prior to the incident in question? _____ If so, please state:

A. The nature and subject of each such item.

B. The date each item was prepared.

C. The name, present or last known address and telephone number of the person or persons preparing each item.

D. The name, present or last known address and telephone number of the person who presently has custody or control of each item.

E. Whether you are in possession of copies of each or any item.

5. Other than as disclosed above, are you aware of any person who may have or claims to have knowledge of the history or background of the injured person/decedent whom you may call as a witness in this action? (The "history or background of injured person/decedent)" as used in this interrogatory is intended to have the broadest possible reference to the injured person/decedent's background, including, but not limited to, any of the following that may apply: injured person/decedent personal, employment, academic, military, criminal, financial, religious, social or marital background.) ____
If so, please state:

- A. The name, present or last known address and telephone number of each person.
- B. The occupation and present or last known employer of each person.
- C. The nature and substance of the information concerning the injured person/decedent of which each person has knowledge.

6. Other than as described above, are you aware of any written or recorded information relating to the history or background of the injured person/decedent (as defined in the previous interrogatory) which you may offer as exhibits in this action? ____
If so, please state:

- A. The nature of each such item of written or recorded information with sufficient particularity to identify it.
- B. The date of each such item.

C. The name, present or last known address and telephone number of the author or preparer of each such item.

D. The name, present or last known address and telephone number of the person presently having possession of each such item or any copy thereof.

7. Please state whether any person engaged in the administration or management of the institution, or engaged in supervision of any staff that provides health care was consulted at any time from the date of admission to the date of discharge concerning the injured person/decedent _____. If so, please state:

A. The name, present or last known address and telephone number of the person who was contacted.

B. The name, address, telephone number and present or last known employer of the person who made the contact.

C. Whether any written memoranda or minutes were made of this meeting and, if so, the name, present or last known address and telephone number of the person who presently has custody of such documents.

8. Please list the names, present or last known address and telephone number, official titles, if any, and other identification of all persons, not previously identified, who:

A. Were known to be present at the events in question;

B. Claimed to have information concerning the events in question;

C. Were reported to have information concerning the events in question;

D. Have knowledge of any pre-existing medical problems or medical treatment received by injured person/decedent prior to the events in question;

E. Have knowledge of the medical problems or medical treatment received by injured person/decedent from the events in question up to the present time;

F. Participated in any investigation concerning this incident in question of any party or witness thereto;

G. Participated in any surveillance of the injured person/decedent.

As to each such person, please state:

1. His or her name, present or last known address and telephone number.

2. His or her present or last known address of any employer.

3. The subject and substance of the information each such person claims to have.

4. The present whereabouts of such person and the telephone number.

II. GENERAL

9. Please identify by name, present or last known address and telephone number, and present or last known employer each and every registered nurse, licensed practical nurse, nurses's aide, nursing assistant, orderly, or other health care provider or care giver who had anything to do with the care of injured person/decedent during the following shifts: _____

10. Please state the name, present or last known address and telephone number and present or last known employer of any person engaged in the supervision of any staff that provided health care for the shifts set forth in the preceding interrogatory.

11. Please state the number of beds at the _____ as of the present time.

12. Please state the number of beds at the _____ as of the time in question.

13. Please state the number of beds in the _____ [e.g., OB ward] section or unit as of the present time.

14. Please state the number of beds in the _____ [e.g., OB ward] section or unit as of the time in question.

III. RECORDS

15. Do you contend that any entries in the medical records/chart at issue are incorrect or inaccurate? _____ If so, please state:

A. The precise entry(ies) that you think are incorrect or inaccurate.

B. What you contend the correct or accurate entry(ies) should have been.

C. The name, present or last known address and telephone number and present or last known employer of each and every person who has knowledge pertaining to A and B.

D. A description, including the author and title, of each and every document that you claim supports your answer to A and B.

E. The name, present or last known address and telephone number of each and every person you intend to call as a witness in support of your contention.

16. Were any incident reports, quality assurance reports, written memoranda, or other reports made which relate to any aspect of the injured person/decedent's care while the injured person/decedent was a patient or resident of the institution or which concerns the injuries /death or cause of injury /death of the injured person/decedent or concerning an investigation into injured person/decedent's injury /death? _____ If yes, please state for each such report:

A. The name, present or last known address and telephone number and title of the person who made it.

B. The date and time it was made.

C. The name, present or last known address and telephone number and title of each person who has custody of the written report or any copy thereof.

17. Please state whether any meetings or hearings were held by any committee, or other group, at which the injured person/decedent or any of the incident(s)

in question were discussed. _____ If so, please state the following with respect to each such meeting or hearing:

- A. The date and place where it was held.
- B. The name of each person present.
- C. Whether any written memoranda or minutes were made of the meeting.
- D. Each written or documentary item submitted to the committee or group.
- E. As to each item set forth in subsections (a) and (d) above, please state whether you contend the item is privileged (i.e., not subject to discovery) and the precise basis of the claim.

IV. WITNESSES AND EXHIBITS

18. Are you aware of any person you may call as a witness at the trial of this action who may have or claims to have any information concerning the medical, mental, or physical condition of the injured person/decedent prior to the incident(s) in question?

_____ If so, please state:

- A. The name and present or last known address and telephone number of each such person.
- B. The occupation and present or last known employer of each such person.
- C. The subject and substance of the information each such person claims to have.

19. Do you know of any person who is skilled in any particular field whom you may call as a witness at trial of this action and who has expressed an opinion on any issue of this action? _____ If so, please state:

A. The name, present or last known address and telephone number of each person.

B. The field in which each such person is sufficiently skilled to enable him (or her) to express opinion evidence in this action.

C. A complete list of all actions in any tribunal in which each person has rendered an opinion, whether by written report, deposition testimony or trial testimony, including:

1. The name of the case.
2. The court or other tribunal in which filed.
3. The docket number assigned.
4. Whether each person rendered his (or her) opinion by written report, deposition testimony, trial testimony or a combination of those.

5. Whether you have a copy of such report or testimony and, if not, who you believe would have such copies.

D. Whether such person will base his (or her) opinion:

1. In whole or in part upon the facts acquired personally by him (or her) in the course of an investigation or examination of any of the issues of this case, or

2. Solely upon information as to facts provided him (or her) by others.

E. If your answer to D (above) discloses that any such person has made a personal investigation or examination relating to any of the issues of this case, please state the nature and dates of such investigation or examination.

F. Each and every fact, and each and every document, item, photograph or other tangible object supplied or made available to such person.

G. The general subject upon which each such person may express an opinion.

H. The substance of the facts and opinions to which such person is expected to testify.

I. Whether such persons have rendered written reports. _____ If so, please state:

1. The dates of each report.

2. The name, present or last known address and telephone number of the custodian of such reports.

20. With respect to every lay witness whom you intend to or may call to testify, please state:

A. The name, present or last known address and telephone number, occupation and present or last known employer of each such person.

B. What documents or facts such person has provided or communicated to you.

C. The substance of the testimony of such person.

21. Please list specifically and in detail each and every exhibit you intend to use, or believe you may use, at trial in this matter.

22. At the time of trial, do you intend to use or refer to any textbook, periodical or other publication during direct examination of your witness? _____ If so, please provide the citation for any text or periodical you intend to use.

V. MISCELLANEOUS

23. Is it your contention that the injured person/decedent's injuries/death were/was caused in whole or in part by the fault of some person or persons other than yourself, whether named as a party in this action or not, or that some such other person or persons may have or share in the legal responsibility for the injuries set forth in Plaintiff(s)' pleadings? _____ If so, please state:

A. The name present or last known address and telephone number of each such person or entity.

B. Each act or omission by which you contend such person is at fault for causing the injured person/decedents' injuries / death.

C. The relationship of each person or entity, if any, to you or to any other party in this action.

24. Have you entered into any agreement or covenant with any other person or entity in any way compromising, settling, and/or limiting the liability or potential liability

for any party to the claim arising out of the occurrence alleged in Plaintiff(s)' pleadings?

_____ If so, please set forth the following:

- A. The name present or last known address and telephone number of each person or entity with whom such agreement or covenant was made.
- B. The date of each such agreement or covenant.
- C. Is the agreement or covenant in writing? _____ If so, please state the name present or last known address and telephone number of the individual who has custody and control of a copy of each such agreement or covenant.
- D. The terms of each such agreement or covenant.
- E. The consideration paid for each such agreement or covenant.
- F. Whether you claim that the agreement or covenant is confidential and, if so, the legal and factual basis for such claim.

25. As to any affirmative defenses you allege, please state the factual basis of and describe each such affirmative defense, the evidence which will be offered at trial concerning any such alleged affirmative defense, including the names of any witnesses who will testify in support of the defense, and the descriptions of any exhibits which will be offered to establish each such affirmative defense.

26. Please state whether the institution has been sued for negligence (including but not limited to malpractice or professional negligence) within the past ten years. _____ If so, please state:

- A. The name of the Plaintiff(s).

- B. The name of any and all other Defendant(s).
- C. The cause number and court where filed.

27. Give the name, present or last known address and telephone number of every person, physician, staff member or employee of the institution or representative of any insurance company who has been permitted to see, examine, investigate or copy any of the records of the injured person/decedent. (This interrogatory does not apply to any persons whose review/copying of the records was conducted as part of peer review, as set forth in A.R.S. § 35-445.01, § 36-2401, et seq., or § 36-441, or as a part of formal quality assurance procedures.)

28. Please state the name of any insurance company or any person or entity who might be liable to satisfy part or all of a judgment which may be entered in favor of Plaintiff and/or against you, or to indemnify or reimburse for payments made to satisfy the judgment.

With respect to each such person or entity listed above, please state the following:

- A. The date on which any policy was issued, or other contract executed.
- B. The period for which the policy was issued, or the duration of any contractual obligation of indemnity or reimbursement.
- C. The policy or monetary limits for any liability and medical pay coverage.
- D. Whether any person or entity asserts any policy defenses or other defenses to its liability to you with regard to any claim made by the Plaintiff.

E. Whether any claim made by the Plaintiff is being defended under a reservation of rights.

F. Each and every factual basis for any defense under a reservation of rights.

G. The exact language of the policy which provided the basis for any reservation of rights or attach a copy of the policy language in question.

H. If more than one person or entity is listed, state whether the person or entity asserts, by contract or otherwise, that its obligations are “secondary” to any other entity, or otherwise contingent on any event or occurrence.

**Form 4. ~~Uniform Interrogatories for use in Medical Malpractice Cases~~ MEDICAL
NEGLIGENCE INTERROGATORIES**

Set B: ~~Plaintiff to Defendant~~ Institutional Health Care Provider

I. INVESTIGATION

1. Please state the name of any and all witnesses or purported witnesses who are believed or understood by YOU ~~the Defendant~~ to have any knowledge concerning the activities and/or medical treatment received by THE INJURED PARTY/DECEDENT during his/her STAY/TREATMENT ~~hospitalization~~ at _____ of _____. As to each such person, please state the following:

A. Name, PRESENT OR LAST KNOWN ADDRESS AND TELEPHONE NUMBER.

~~B. Present or last known address.~~

~~C. B. Present or last known address of employer.~~

~~D. C. Please set forth the subject and substance of the information each such person claims to have.~~

~~E. D. The present whereabouts of such person and the telephone number.~~

2. Are you aware of the existence of any oral, written or recorded statement or admission made or claimed to have been made by any party or witness? _____

If so, PLEASE state:

A. The name, PRESENT OR LAST KNOWN address and telephone number of the person making the statement or admission.

B. The date of the statement or admission.

C. The name, PRESENT OR LAST KNOWN employer, occupation, and PRESENT OR last known address AND TELEPHONE NUMBER of the person or persons taking or hearing the statement or admission.

D. The name and PRESENT OR last known address AND TELEPHONE NUMBER of the person now in possession of a written or recorded statement or admission.

3. Have any drawings, diagrams, photographs, motion pictures, DIGITAL IMAGES or video-tapes been prepared or taken of any object or person involved in the incident? _____ If so, PLEASE state:

A. What is depicted by each drawing, diagram, photograph, motion picture, DIGITAL IMAGE and/or video-tape.

B. The date on which each drawing, diagram, photograph, motion picture, DIGITAL IMAGE or video-tape was taken.

C. The name, PRESENT OR LAST KNOWN address AND TELEPHONE NUMBER of the person preparing the drawing or diagram and/or the photographer of each photograph, motion picture, DIGITAL IMAGE or video-tape.

D. The name, PRESENT OR LAST KNOWN address AND TELEPHONE NUMBER of the person who now has custody of the drawing, diagram, photograph, motion picture, DIGITAL IMAGE and/or video-tape.

4. Are you aware of any medical records, reports or letters from health care providers, or other written or recorded information or photographs concerning the

medical, mental or physical condition of the INJURED PERSON/DECEDENT Plaintiff(s) prior to the incident in question? _____ If so, PLEASE state:

- A. The nature and subject of each such item.
- B. The date each item was prepared.
- C. The name, PRESENT OR ~~and~~—last known address AND TELEPHONE NUMBER of the person or persons preparing each item.
- D. The name, PRESENT OR ~~and~~—last known address AND TELEPHONE NUMBER of the person who presently has custody or control of each item.
- E. Whether you are in possession of copies of each or any item.

5. Other than as disclosed above, are you aware of any person who may have or claims to have knowledge of the history or background of the INJURED PERSON/DECEDENT Plaintiff(s) whom you may call as a witness in this action? (The “history or background of INJURED PERSON/DECEDENT Plaintiff(s)”) as used in this interrogatory is intended to have the broadest possible reference to the INJURED PERSON/DECEDENT’S Plaintiff(s)’ background, including, but not limited to, any of the following that may apply: INJURED PERSON/DECEDENT Plaintiff(s)’ personal, employment, academic, military, criminal, financial, religious, social or marital background.) ____ If so, PLEASE state:

- A. The name, PRESENT OR LAST KNOWN address AND TELEPHONE NUMBER of each person.
- B. The occupation and PRESENT OR LAST KNOWN employer of each person.

C. The nature and substance of the information concerning the INJURED PERSON/DECEDENT Plaintiff(s) of which each person has knowledge.

6. Other than as described above, are you aware of any written or recorded information relating to the history or background of the INJURED PERSON/DECEDENT Plaintiff(s) (as defined in the previous interrogatory) which you may offer as exhibits in this action? _____ If so, PLEASE state:

A. The nature of each such item of written or recorded information with sufficient particularity to identify it.

B. The date of each such item.

C. The name, PRESENT OR LAST KNOWN and address AND TELEPHONE NUMBER of the author or preparer of each such item.

D. The name, PRESENT OR LAST KNOWN and address AND TELEPHONE NUMBER of the person presently having possession of each such item or any copy thereof.

7. Please state whether ANY PERSON ENGAGED IN THE ADMINISTRATION OR MANAGEMENT OF THE INSTITUTION, OR ENGAGED IN SUPERVISION OF ANY STAFF THAT PROVIDES HEALTH CARE ~~the hospital administrator, the director of nurses, the chief of the medical staff, or any nursing supervisor~~ were WAS consulted at any time from the date of admission to the date of discharge concerning the INJURED PERSON/DECEDENT plaintiff. _____ If so, please state:

A. The name, PRESENT OR LAST KNOWN address AND TELEPHONE NUMBER of the person who was contacted.

B. The name, address, telephone number and PRESENT OR last known employer of the person who made the contact.

C. Whether any written memoranda or minutes were made of this meeting and, if so, the name, PRESENT OR LAST KNOWN and address AND TELEPHONE NUMBER of the person who presently has custody of such documents.

8. PLEASE List the names, PRESENT OR LAST KNOWN addresses AND TELEPHONE NUMBERS, official titles, if any, and other identification of all persons, not previously identified, who:

A. Were known to be present at the events in question;

B. Claimed to have information concerning the events in question;

C. Were reported to have information concerning the events in question;

D. Have knowledge of any pre-existing medical problems or medical treatment received by INJURED PERSON/DECEDENT Plaintiff(s) prior to the events in question;

E. Have knowledge of the medical problems or medical treatment received by INJURED PERSON/DECEDENT Plaintiff(s) from the events in question up to the present time;

F. Participated in any investigation concerning this incident in question of any party or witness thereto;

G. Participated in any surveillance of the INJURED PERSON/DECEDENT Plaintiff(s) .

As to each such person, please state:

1. Name, PRESENT OR LAST KNOWN, ADDRESS AND TELEPHONE NUMBER.

~~2. Present or last known address.~~

3. 2. Present or last known address of ANY employer.

4. 3. ~~Please set forth~~ The subject and substance of the information each such person claims to have.

5. 4. The present whereabouts of such person and the telephone number.

II. GENERAL

9. Please identify by name, PRESENT OR LAST KNOWN address, telephone number, AND PRESENT OR last known employer each and every registered nurse, licensed practical nurse, nurses's aide, NURSING ASSISTANT, orderly, or other health care provider OR CARE GIVER who had anything to do with the care of INJURED PERSON/DECEDENT plaintiff during the following shifts:

10. Please state the name, PRESENT OR LAST KNOWN address AND TELEPHONE NUMBER and PRESENT OR last known employer of the ANY PERSON ENGAGED IN THE SUPERVISION OF ANY STAFF THAT PROVIDED HEALTH CARE ~~nursing supervisor~~ for the shifts set forth in the preceding interrogatory.

11. Please state the number of beds at the _____ as of the present time.

12. Please state the number of beds at the _____ as of the time in question.

13. Please state the number of beds in the _____ [e.g., OB ward] section
OR UNIT as of the present time.

14. Please state the number of beds in the _____ [e.g., OB ward] section
OR UNIT as of the time in question.

III. RECORDS

15. Do you contend that any entries in the ~~answering~~ Defendant's
medical/hospital records/CHART AT ISSUE are incorrect or inaccurate? _____ If so,
PLEASE state:

- A. The precise entry(ies) that you think are incorrect or inaccurate.
- B. What you contend the correct or accurate entry(ies) should
have been.
- C. The name, PRESENT OR LAST KNOWN address AND
TELEPHONE NUMBER and PRESENT OR LAST KNOWN employer of each
and every person who has knowledge pertaining to A and B.

D. A description, including the author and title, of each and every document that you claim supports your answer to A and B.

E. The name, PRESENT OR LAST KNOWN address and telephone number of each and every person you intend to call as a witness in support of your contention.

16. Were any incident reports, quality assurance reports, written memorandumA, or other similar reports made which relate to any aspect of the INJURED PERSON/DECEDENT'S Plaintiff's care while the INJURED PERSON/DECEDENT Plaintiff was a patient OR RESIDENT of the INSTITUTION defendant hospital or which concerns the injuries /DEATH or cause of injury /death of THE INJURED PERSON/DECEDENT Plaintiff or concerning an investigation into INJURED PERSON/DECEDENT'S Plaintiff's injury /DEATH? _____ If yes, please state for each such report:

A. The name, PRESENT OR LAST KNOWN address AND TELEPHONE NUMBER and title of the person who made it.

B. The date and time it was made.

C. The name, PRESENT OR LAST KNOWN address, TELEPHONE NUMBER and title of each person who has custody of the written report or any copy thereof.

17. Please state whether any meetings or hearings were held by any hospital committee, or any other GROUP committee-organization, at which THE INJURED PERSON/DECEDENT or any of the INCIDENT(S) IN QUESTION-occurrences

~~complained of in this case~~ were discussed. _____ If SO, ~~the answer to the foregoing is in the affirmative,~~ please state the following with respect to each such meeting or hearing:

- A. The date and place where it was held.
- B. The name of each person present.
- C. Whether any written memoranda or minutes were made of the meeting.
- D. ~~EACH Please list each~~ written or documentary item submitted to the committee or GROUP. ~~organization.~~
- E. As to each item set forth in subsectionS (A) AND (d) above, please state whether you contend the item is privileged (i.e., not subject to discovery) AND THE PRECISE BASIS OF THE CLAIM.

IV. WITNESSES AND EXHIBITS

18. Are you aware of any person you may call as a witness at the trial of this action who may have or claims to have any information concerning the medical, mental, or physical condition of the INJURED PERSON/DECEDENT Plaintiff(s) prior to the incident(S) in question? _____ If so, PLEASE state:

A. The name, ~~and~~ PRESENT OR LAST KNOWN address AND TELEPHONE NUMBER of each such person. ~~and your means of ascertaining the present whereabouts of each such person.~~

B. The occupation and PRESENT OR LAST KNOWN employer of each such person.

C. The subject and substance of the information each such person claims to have.

19. Do you know of any person who is skilled in any particular field ~~or~~ ~~science~~ whom you may call as a witness at trial of this action and who has expressed an opinion on any issue of this action? _____ If so, PLEASE state:

A. The name, ~~and~~ PRESENT OR LAST KNOWN address AND TELEPHONE NUMBER of each person.

B. The field ~~or science~~ in which each such person is sufficiently skilled to enable him (or her) to express opinion evidence in this action.

C. A complete list of all ~~medical-malpractice~~ actions IN ANY TRIBUNAL, in which each person has rendered an opinion, whether by written report, deposition testimony or trial testimony, including:

1. The name of the case.
2. The court OR OTHER TRIBUNAL in which filed.
3. The docket number assigned.
4. Whether each person rendered his (or her) opinion by written report, deposition testimony, trial testimony or a combination thereof.

5. WHETHER YOU HAVE A COPY OF SUCH REPORT OR TESTIMONY AND, IF NOT, WHO YOU BELIEVE WOULD HAVE SUCH COPIES.

D. Whether such person will base his (or her) opinion:

1. In whole or in part upon the facts acquired personally by him (or her) in the course of an investigation or examination of any of the issues of this case, or

2. Solely upon information as to facts provided him (or her) by others.

E. If your answer to D (above) discloses that any such person has made a personal investigation or examination relating to any of the issues of this case, please state the nature and dates of such investigation or examination.

F. Each and every fact, and each and every document, item, photograph or other tangible object supplied or made available to such person.

G. The general subject upon which each such person may express an opinion.

H. The substance of the facts and opinions to which such person is expected to testify.

I. Whether such persons have rendered written reports. _____ If so, PLEASE state:

1. The dates of each report.

2. The name, and PRESENT OR LAST KNOWN address AND TELEPHONE NUMBER of the custodian of such reports.

20. With respect to every lay witness whom you intend to or may call to testify, please state:

A. The name, PRESENT OR LAST KNOWN address, TELEPHONE NUMBER, occupation and PRESENT OR LAST KNOWN employer of each such person.

B. What DOCUMENTS ~~information~~ or facts such person has provided or communicated to you.

~~C. — What knowledge or information do you believe the witness has with respect to the matters which are at issue in this lawsuit.~~

~~D. — The subject about which such witness will or may testify, i.e., liability, damages, injuries, etc.~~

E. C. The substance of the testimony of SUCH PERSON ~~each witness.~~

21. PLEASE List specifically and in detail each and every exhibit you INTEND TO USE, OR BELIEVE YOU MAY USE, ~~propose to utilize at trial in this matter. This interrogatory is directed both to exhibits you intend to use at trial and exhibits you may use.~~

22. At the time of trial, do you intend to use or refer to any ~~medieal~~ textbook, periodical or other ~~medieal~~ publication during direct examination of your witness?

_____ If SO ~~your answer is in the affirmative,~~ PLEASE provide the citation for any text or periodical you intend to use.

V. MISCELLANEOUS

23. Is it your contention that the INJURED PERSON/DECEDENT'S Plaintiff(s)' injuries/DEATH were/WAS caused in whole or in part by the fault of some person or persons other than yourself, whether named as a ~~defendant~~ PARTY in this action or not, or that some such other person or persons may have or share in the legal responsibility for the injuries set forth in Plaintiff(s)' pleadings ~~Complaint~~? _____

If so, PLEASE state:

A. The name, ~~and~~ PRESENT OR LAST KNOWN address AND TELEPHONE NUMBER of each such person or entity.

B. Each act or omission by which you contend such person is at fault for causing the INJURED PERSON/DECEDENT'S Plaintiff(s)' injuries /DEATH.

C. The relationship of each person or entity, if any, to you or to any other party in this action.

24. HAVE YOU ~~Has this answering Defendant~~ entered into any agreement or covenant with any other person or entity in any way compromising, settling, and/or limiting the liability or potential liability for any party to the claim arising out of the occurrence alleged in Plaintiff(s)' ~~Complaint~~ pleadings? ____ If so, ~~the foregoing is answered in the affirmative,~~ please set forth the following:

A. The name, and PRESENT OR last known address AND TELEPHONE NUMBER of each person or entity with whom such agreement or covenant was made.

B. The date of each such agreement or covenant.

C. Is the agreement or covenant in writing? ____ If so, PLEASE state the name, ~~and~~ PRESENT OR LAST KNOWN address AND TELEPHONE NUMBER of the individual who has custody and control of a copy of each such agreement or covenant.

D. The terms of each such agreement or covenant.

E. The consideration paid for each such agreement or covenant.

F. WHETHER YOU CLAIM THAT THE AGREEMENT OR COVENANT IS CONFIDENTIAL AND, IF SO, THE LEGAL AND FACTUAL BASIS FOR SUCH CLAIM.

25. As to any affirmative defenses you allege, PLEASE state the factual basis of and describe each such affirmative defense, the evidence which will be offered at trial concerning any such alleged affirmative defense, including the names of any witnesses who will testify in support OF THE DEFENSE, ~~thereof~~, and the descriptions of any exhibits which will be offered to establish each such affirmative defense.

26. Please state whether the INSTITUTION ~~Defendant Hospital~~ has been sued for ~~malpractice or professional~~ negligence (INCLUDING BUT NOT LIMITED TO MALPRACTICE OR PROFESSIONAL NEGLIGENCE) within the past ten years.

_____ If so, please state:

- A. The name of the Plaintiff(S).
- B. The name of any and all other Defendant(s).
- C. The cause number and court where filed.

27. Give the name, ~~and~~ PRESENT OR LAST KNOWN address AND TELEPHONE NUMBER of every person, physician, staff member or employee of the INSTITUTION ~~hospital~~ or representative of any insurance company who has been permitted to see, examine, investigate or copy any of the records of the INJURED PERSON/DECEDENT ~~Plaintiff~~. (This interrogatory does not apply to any persons

whose review/copying of the records was conducted as part of peer review, as set forth in A.R.S. § 35-445.01, § 36-2401, et seq., or § 36-441, or as a part of formal quality assurance procedures.)

28. Please state the name of any insurance company or any person ~~carrying on any insurance business~~ OR ENTITY who might be liable to satisfy part or all of a judgment which may be entered in favor of Plaintiff AND/OR AGAINST YOU, or to indemnify or reimburse for payments made to satisfy the judgment.

With respect to each such PERSON OR ENTITY ~~insurance company or person carrying on any insurance business~~ listed above, please state the following:

A. The date on which ANY ~~the~~ policy was issued, OR OTHER CONTRACT EXECUTED.

B. The period for which the policy was issued, OR THE DURATION OF ANY CONTRACTUAL OBLIGATION OF INDEMNITY OR REIMBURSEMENT.

C. The policy OR MONETARY limits for ANY ~~bodily injury~~ liability and medical pay coverage.

D. Whether ANY PERSON OR ENTITY ASSERTS any policy defenses OR OTHER DEFENSES TO ITS LIABILITY TO YOU ~~are claimed to be applicable~~ with regard to any claim made by the Plaintiff.

E. Whether any claim made by the Plaintiff is being defended under a reservation of rights.

F. ~~If any policy of insurance is being defended under any reservation of rights,~~ Each and every factual basis for ANY ~~the insurance company's~~ defense under a reservation of rights.

G. ~~If any policy of insurance is being defended under any reservation of rights,~~ The exact language of the policy which provided the basis for ANY the ~~insurance company's~~ reservation of rights or attach a copy of the policy language in question.

H. If more than one PERSON OR ENTITY ~~insurance company~~ is listed, ~~state which company carries the primary coverage, and which company or companies carry the secondary coverage.~~ STATE WHETHER THE PERSON OR ENTITY ASSERTS, BY CONTRACT OR OTHERWISE, THAT ITS OBLIGATIONS ARE "SECONDARY" TO ANY OTHER ENTITY, OR OTHERWISE CONTINGENT ON ANY EVENT OR OCCURRENCE.